	,,	SUPPLEMENT ALLACINED			
	1. County of,	ARIZONA STATE BOARD OF HEALTH			
	l	OF VITAL STATISTICS CERTIFICATE OF BIRTH	State Index No. 239	State Index No239 County Registrar No3747	
	Or Ct		Local Registrar No. 1	10	
and the	2. Full name of child. Larry Lon	birth occurred in a hospital or inst	St., itution, give its NAME instead of s If child is not supplemental re	treet and number) yet named, make port, as directed?	
	3. Sex of Child To be answered ONLY 4. Twin, triplet of in event of plural births. 5. No., in order of the control of the cont	Y U.		7 /2x.	
,	8. Full name Office S. Sauce	14. Full maiden name	MOTHER S. Y	talla	
staced.	9. Residence (Usual place of abode) If non-resident, give place and state.	15 Residence (Usual place of ab	ode) give place and state,	L.O	
of birth a	10. Color or race 11. Age at last birthday	16 Color or race	17. Age at last birthday	2 7 (Years)	
order (12. Birthplace (city or place). La galactic (State or country)	11	18. Birthplace (city or place)		
	13. Occupation	(State or country) 19. Occupation			
	Nature of industry Outo - Dealer	Nature of industry	House wil	٠. الم	
	20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn.				
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was				
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A atiliborn child is one that neither breathes nor shows other eridence of life after birth. Address.				
	Given name added from a supplemental report	Jan 8 1,23	Hallie W. La	Lenest	
	Registrar File	m Jan 8, 1921	- Dest La	heuck aty Registrar	
	323-1017-589	V			